

## Physician's Affidavit of Physical Disability For Proxy Fishing and Hunting

Alaska Statute 16.05.940 definitions (25) states: "A person with physical disabilities means a person who presents to the department either written proof that the person receives at least 70 percent disability compensation from a government agency for a physical disability or an affidavit signed by a physician licensed to practice medicine in the state stating that the person is **at least 70 percent physically disabled**."

PATIENT: PLEASE COMPLETE THE FOLLOWING:				
Patient's Name	Last		First	MI
Mailing Address	Street or PO Box	City	State	Zip
Physical Address (if different from mailing address)  City/State				
As a courtesy to the patient and with the patient's permission, ADF&G may keep a photocopy of this Affidavit on file if the disability is permanent. If the disability is not permanent, the patient is required to furnish one Affidavit per calendar year. All personal information provided on this affidavit will be kept confidential by the agency in the absence of express permission for disclosure. Neither the original nor any copies for this form shall be kept on file by the agency, unless expressly permitted by the patient.  By signing below, I give ADF&G permission to keep this form on file by the agency.  X Patient's Signature				
PHYSICIAN: PLEASE COMPLETE THE FOLLOWING				
By signing below, I affirm that I am a physician licensed to practice medicine in the state of Alaska, and that the patient listed above is at least 70 percent physically disabled.				
Is this patient's disa	ability permanent?	Yes	No	
Physician's Signature			Physician's Alask	a License #
Address			Date	
Physicia	nn's Phone Number	_		

Providing false information on any portion of this affidavit is subject to a maximum penalty of \$10,000 or one year imprisonment or both, per AS 16.05.420.